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25541 7590 08/08/2005

NEAL, GERBER, & EISENBERG  
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CHICAGO, IL 60602

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Kelly A. Breese (Depositor's name)  
*[Signature]* (Signature)  
11/7/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/759,656	01/16/2004	Raymond Hauser	36400.18US10	8031

TITLE OF INVENTION: HYDROSTATIC TRANSMISSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	11/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIM, CHONG HWA	3682	184-006280

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Neal, Gerber &amp; Eisenberg LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Hydro-Gear Limited Partnership

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sullivan, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 502,261 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Thomas C. McDonough*

Date

NOVEMBER 7, 2005

Typed or printed name

Thomas C. McDonough

Registration No.

33,734

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

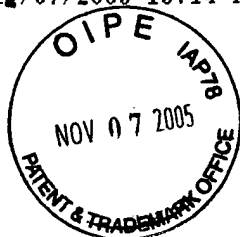
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PTOL 85 (Rev. 07/05) Approved for use through 04/30/2007

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**FACSIMILE TRANSMISSION****NUMBER OF PAGES WITH COVER PAGE: 2****ORIGINALS WILL NOT FOLLOW****DATE:** November 7, 2005**TIME:** 1:17 PM**C/M No.:** 036400.18US10**FROM:** Thomas C. McDonough**PHONE:** (312) 269-5282**FAX:** (312) 269-1747**RE:** Issue Fee Transmittal regarding U.S. Patent Application Number 10/759,656**To:**

<b>NAME:</b>	<b>FAX No.:</b>	<b>PHONE No.:</b>
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